



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 12, 2007

Ryan Rasmussen, Administrator
Turtle & Crane
1950 First Street
Idaho Falls, ID 83401

License #: RC-857

Dear Mr. Rasmussen:

On March 1, 2007, a life safety code survey was conducted at Turtle & Crane. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 6, 2007

Ryan Rasmussen, Administrator
Turtle & Crane
1950 First Street
Idaho Falls, ID 83401

Dear Mr. Rasmussen:

On March 1, 2007, a life safety code survey was conducted at Turtle & Crane. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 31, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R857	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2007
NAME OF PROVIDER OR SUPPLIER TURTLE & CRANE		STREET ADDRESS, CITY, STATE, ZIP CODE 1950 FIRST STREET IDAHO FALLS, ID 83401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on March 01, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

Q3N521

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Turtle And Crane	Physical Address 1950 1st Street	Phone Number (208) 557-0186
Administrator RYAN RASMUSSEN	City Idaho Falls	ZIP Code 83401
Survey Team Leader TAYLOR BARKLEY	Survey Type	Survey Date 3-1-7

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.05	A. Resident Room #4 in building #1 is missing the sprinkler head cover in the bathroom.		
		B. The laundry room in building #1 has a one half in hole in the ceiling around the sprinkler head.		
		C. The mechanical rooms in both building #1 and building #2 have multiple pipe and conduit penetrations that have not been sealed.		
		D. The mechanical closet in the laundry room of building #2 has multiple penetrations of the ceiling.		
		E. Resident Room #15 in building #2 is missing the sprinkler head cover in the bathroom.		
2.	250.10	The facility has a hot water temperature of 133.6°F.		
3	415.03	The facility has not conducted monthly fire extinguisher check.		

Response Required Date 4-1-7	Signature of Facility Representative <i>Annalya Parnis</i>	Date Signed 3/1/07
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